

Prepared by and Return to:
Davis Law Firm, P.C.
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5185 Getwell Road
Southaven, MS 38671
(662) 393-8542
07-227

6/18/07 10:33:02
BK 561 PG 353
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Larry Steve Roberts
GRANTOR,

6/25/07 10:52:58
BK 561 PG 776
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

TO:

WARRANTY DEED

Dewayne Fletcher Cursey
GRANTEE

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged Larry Steve Roberts, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantees, Dewayne Fletcher Cursey, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

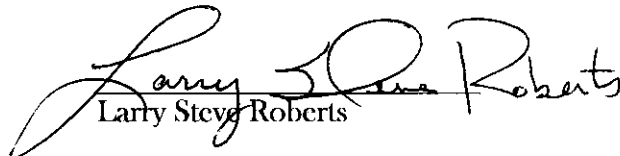
Lot 224, Section B, Delta Ridge ~~MOBILE HOME PARK~~ Subdivision, Sections 5 and 6, Township 3 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 33-40, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Frances Elaine Roberts died on November 10, 2004 in Memphis, Shelby County, Tennessee. A copy of her death certificate is attached hereto and made apart hereof.

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes have been prorated and possession is given with the deed.

Witness my signature this the 13th day of June, 2007


Larry Steve Roberts

STATE OF MISSISSIPPI
COUNTY OF DESOTO

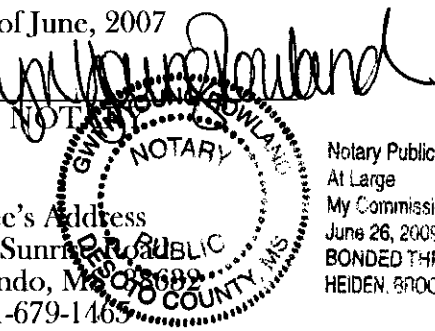
Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Larry Steve Roberts who acknowledged that he signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and seal this 13th day of June, 2007

My Commission Expires:

Grantor's Address:
393 Castle Creek Cove
Collierville, TN 38017
(H)901-849-3420
(W)N/A

Grantee's Address
11001 Sunnyside
Hernando, MS 38689
(H)901-679-1465
(W)N/A



Notary Public State of Mississippi
At Large
My Commission Expires
June 26, 2009
BONDED THRU
HEIDEN, BROOKS & GARLAND INC.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE
NUMBERE/PRINT
IN
MANENT
ACK INK
FOR
DUCTIONS
ANDBOOK

For use by physician or institution

INSTRUCTIONS
OTHER SIDECAUSE OF
DEATHPHYSICIAN OR MEDICAL
EXAMINER EXECUTING
CERTIFICATE MUST
DATE AND SIGN
THIS CERTIFICATION
WITHIN 48 HOURS.

1. DECEDENT'S NAME (First, Middle, Last) Frances Elaine Roberts				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) Nov. 10, 2004					
4. SOCIAL SECURITY NUMBER (of Decedent) 432-27-1123		5a. AGE-LAST BIRTHDAY (Years) 46		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Sep. 17, 1958		7. BIRTHPLACE (City and State or Foreign Country) Paragould, AR	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital-Central				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis				9d. COUNTY OF DEATH Shelby			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Steve Roberts		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Box Person				12b. KIND OF BUSINESS/INDUSTRY Casino			
13a. RESIDENCE-STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Hernando				13d. STREET AND NUMBER OR RURAL LOCATION 1100 Sunrise Road			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38632		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:				15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4	
17. FATHER'S NAME (First, Middle, Last) Russell Eugene Rippy				18. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Loreda Goodman							
19a. INFORMANT'S NAME (Type/Print) Gene Rippy				19b. RELATIONSHIP TO DECEASED Father		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1095 Greene 836 Road Marmaduke, AR 72443					
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Liberty Cemetery				20c. LOCATION-City or Town, State Marmaduke, AR			
21a. SIGNATURE OF FUNERAL DIRECTOR S. J. Kelly				21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4383		21c. SIGNATURE OF EMBALMER S. J. Kelly		21d. LICENSE NUMBER OF EMBALMER 4327			
22a. NAME AND ADDRESS OF FUNERAL HOME Heath Funeral Home P. O. Drawer 357, Paragould, AR 72451						22b. LICENSE NUMBER OF FUNERAL HOME 90					
23. REGISTRAR'S SIGNATURE Mary Ann Beauchamp						24. DATE FILED (Month, Day, Year) NOV 22 2004					
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN S. J. Kelly M.D.						25b. LICENSE NUMBER TN 29661		25c. DATE SIGNED (Month, Day, Year) 11/19/04			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER						26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. Sohail Azam Minhas, 1331 Union Ave., Ste. 800, Memphis, TN 38104						901-725-1785					
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiopulmonary arrest</u> b. <u>3 heart and coronary artery disease</u> c. <u>Due to (OR AS A CONSEQUENCE OF):</u> d. <u>Due to (OR AS A CONSEQUENCE OF):</u> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						Approximate Interval Between Onset and Death					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
MEMPHIS, TENNESSEE 38103
THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

DEC 01 2004

Date Issued

by Kenneth C. Johnson
Kenneth Johnson, Registrar
Vital Records Section